							ENCY MANAGEME PERSONNEL AN				Pag	e 1 of 1		18. Red	quest Tra	cking Numbe	er (RTN)	
TYPE OR PRINT	ONS	HIDE INSTRUCTI			S * 1. DATE		PREPARED		04/01/2016									
* 2. DESCRIPTION OF REQUEST  (Include make, model, part/stock no., service, personnel/team, author/publisher, freig						ght, etc. as applicable)		* 3. QTY	* 4. UNIT MEASUR	1 1	5. ESTIMATE UNIT COST	ESTI	TOTAL MATED OST	21. Special Approval	26. DATE RECEIVED	27. REC'D BY (INITIALS)		
Motorola APX 7000 Digital Portable Radio Model #H49TGD9PW1N									1	EA		\$5,138.00		138.00				
Belt Holder, Part #PMLN6102A; Battery, Part #NNTN7033A; Antenna, Part #PMASPart #HMN4104B						S4001A;Lapel Microph	none,	1	EA		\$1,257.15	\$1,	257.15					
Add Page	Remove Pag	ove Page * 7. PRIORITY Life Saving Life					Life Sustaining	✓Hi	igh Norı		nal		a. Estimated Sub Total (this page 6b. Estimated Total			*		
* 8. Potential Sour mandatory requirements, SOW, sources, supplemental forms, bids, or quotes. Include contact information for potential vendor(s) and other pertinent information.						e(s) / Vendor(s)					(Inclu	ding Addi Actual T	tional Pag otal Sper	ges) nt	\$6,395.15			
* 9. DETAILED JUSTIFICATION (Attach separate sheet if required)  Add Attachme												for Purchase card transaction ONLY, the rdholder enters the cost of all transactions)						
	o fell out of the the radio.	EPA emplo		k pocket t	alling into	the Ch	partment augmented Enannel. Since the radi	o was los				ment activi	ty, EPA is	requestir	ng reimbu	rsement of th		
* 10. Date Required Oct 17, 2017	* 11. Requested By Steve Mason			* 12. Requestor's Phone Number and/or E-Mail Address 214-665-2276 mason.steve@epa.go									* 13. Section/Branch/Unit &/or Program Area EPA Region 6, Superfund Div., Emergency Management Branch					
* 14. Recipient's Name Steve Mason	nason.steve	ecipient's E-Mail and Address n.steve@epa.gov Ross Ave., Dallas Texas 75202					* 16. Recipient's Phone No. 214-665-2276		Reci	28. Recipient's Signature								
	IN ACCORDAN	CE WITH FE	MA MANU	AL 119-7-	I, ALL ITE	MS CON	ISIDERED ACCOUNTAI	BLE PROP	ERTY WII	LL BE PRO	CESSE	D BY THE	LOCAL AP	O PRIOR	TO ISSUA	NCE.		
* 17. Requestor's Brar Print Name	on	SIGNATURE			22. Log Chief / DAAO / AO / Second Line Ap Print Name			SIGNATURE I			Finance/Funds Approval nt Name			SIGNATURE				
Date					Date						•							
21a. Special Authority A	_ ' ' ''			Approving Authority Name			21c. Approving Authority Title			21d. Approving Authority Phor			e. Special uthority ignature					
							LOGISTICS/ACQUISI											
18. Request Tracking I	Number	19. Date/Tim	ne 143-0-1 F	Received	20. 143-0-	1 Recei	ved By	24. Refe	rence #s	(RRF, MA,	Deploy	ment Unit,	etc.)	25. Estim	nated Deliv	ery Date / Tim	е	
29. Receiving Officer's	30. F	30. Receiving Officer's Phone #				31. Receiving Officer's Émail Address					01	eceiving ficer's nature	-					
33. FF 146-0-2 Doc Control #s 33a.						33b.					33c.							
34. ACCS Accounting Data 34a.						34b.					34c.							
35. Purchase Log ID 's						35b.												
36. Cardholder's Name	37. 0	Cardholder	r's Phone	#		38. Cardholder's Email Address						39. holder's						